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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

CHAPTER 13 PLAN AND RELATED MOTIONS

Name of Debto	r(s):	James Charles Taylor Mary Kelly Taylor	Case No:	19-71292
This plan, dated	Apri	I 12, 2019 , is:		
		the <i>first</i> Chapter 13 plan filed in this case. a modified Plan, which replaces the □confirmed or □ unconfirmed Plan dated Date and Time of Modified Plan Confirmation Hearing: □lace of Modified Plan Confirmation Hearing:		
		Plan provisions modified by this filing are: tors affected by this modification are:		
1. Notices				

1. Nonces

To Creditors:

Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court.

(1) Richmond and Alexandria Divisions:

The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed.

- (2) Norfolk and Newport News Divisions: a confirmation hearing will be held even if no objections have been filed.
 - (a) A scheduled confirmation hearing will not be convened when:
 - (1) an amended plan is filed prior to the scheduled confirmation hearing; or
 - (2) a consent resolution to an objection to confirmation anticipates the filing of an amended plan and the objecting party removes the scheduled confirmation hearing prior to 3:00 pm on the last business day before the confirmation hearing.

In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance.

Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.

A.	A limit on the amount of a secured claim, set out in Section 4.A which may	□ Included	■ Not included
	result in a partial payment or no payment at all to the secured creditor		
B.	Avoidance of a judicial lien or nonpossessory, nonpurchase-money	☐ Included	■ Not included
	security interest, set out in Section 8.A		
C.	Nonstandard provisions, set out in Part 12	■ Included	☐ Not included

2. Funding of Plan. The debtor(s) propose to pay the Trustee the sum of \$1,157.00 per month for 3 months, then \$989.00 per month for 11 months, then \$551.00 per month for 3 months, then \$1,026.00 per month for 43 months.

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Other payments to the Trustee are as follows:

The total amount to be paid into the Plan is \$ 60,121.00 .

- **3. Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
 - A. Administrative Claims under 11 U.S.C. § 1326.
 - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10% of all sums received under the plan.
 - 2. Check one box:

 - □ Debtor(s)' attorney has chosen to be compensated pursuant to Local Bankruptcy Rule 2016-1(C)(1)(c)(ii) and must submit applications for compensation as set forth in the Local Rules.
 - B. Claims under 11 U.S.C. § 507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid pursuant to 3.C below:

Creditor	Type of Priority	Estimated Claim	Payment and Term
City of Portsmouth	Taxes and certain other debts	161.00	Prorata
			12 months
Department of Taxation - VA*	Taxes and certain other debts	510.00	Prorata
			12 months
IRS Centralized Insolvency *	Taxes and certain other debts	5,317.00	Prorata
			12 months
IRS Centralized Insolvency *	Taxes and certain other debts	4,207.00	Prorata
			12 months

C. Claims under 11 U.S.C. § 507(a)(1).

The following priority creditors will be paid prior to other priority creditors but concurrently with administrative claims above.

<u>Creditor</u> <u>Type of Priority</u> <u>Estimated Claim</u> <u>Payment and Term</u>

- 4. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
 - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 4(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 5 of the Plan. The following secured claims are to be "crammed down" to the following values:

<u>Creditor</u> <u>Collateral</u> <u>Purchase Date</u> <u>Est. Debt Bal.</u> <u>Replacement Value</u>

B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the

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claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay under §§ 362(a) and 1301(a) as to the interest of the debtor(s), any co-debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 4(D) and/or 7(B) of the Plan, as follows:

<u>Creditor</u> <u>Collateral</u> <u>Adeq. Protection Monthly Payment</u> <u>To Be Paid By</u>

Bridgecrest Credit* 2015 Kia Forte 35,000 miles 247.00
Ford Motor Credit * 2018 Ford Focus 8,000 miles 324.00
Grand Furniture Furniture 41.00

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 7(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except those loans provided for in section 6 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation specified in sub-section A and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

Creditor	Collateral	Approx. Bal. of Debt or	Interest Rate	Monthly Payment &
		"Crammed Down" Value		Est. Term
Bridgecrest Credit*	2015 Kia Forte 35,000 miles	12,345.00	7.5%	Prorata
				43months
Ford Motor Credit *	2018 Ford Focus 8,000 miles	16,216.00	7.5%	Prorata
				43months
Grand Furniture	Furniture	2,068.00	7.5%	Prorata
				43months

E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' principal residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 6 of the Plan.

5. Unsecured Claims.

- A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately 3 %. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately 0 %.
- B. Separately classified unsecured claims.

<u>Creditor</u> <u>Basis for Classification</u> <u>Treatment</u>

- 6. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Principal Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
 - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors

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listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement. A default on the regular contract payments on the debtor(s) principal residence is a default under the terms of the plan.

Creditor	Collateral	Regular Contract_	Estimated_ Arrearage	Arrearage Interest Rate	Estimated Cure Period	Monthly Arrearage
Education Affiliates	Student Loan	<u>Payment</u> 0.00	0.00	0%	0months	Payment
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	
PHEAA/Fed Loan Serv	Student Loan	0.00	0.00	0%	0months	

B. Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

<u>Creditor</u>	<u>Collateral</u>	Regular Contract Payment	Estimated		Monthly Payment on Arrearage & Est. Term
		rayment	<u>Arrearage</u>	<u>on</u>	Arrearage & Est. Term
				<u>Arrearage</u>	
-NONE-					

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

Creditor	Collateral	Interest Rate	Estimated Claim	Monthly Payment & Term
-NONE-				

- 7. Unexpired Leases and Executory Contracts. The debtor(s) move for assumption or rejection of the executory contracts, leases and/or timeshare agreements listed below.
 - **A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts:

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Creditor	Type of Contract
-NONE-	

B. Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor(s) agree to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

<u>Creditor</u> <u>Type of Contract</u> <u>Arrearage</u> Monthly Payment for <u>Estimated Cure Period</u> Arrears

-NONE-

- 8. Liens Which Debtor(s) Seek to Avoid.
 - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Basis</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate adversary proceedings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u>

9. Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive any payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- If relief from the automatic stay is ordered as to any item of collateral listed in the plan, then, unless otherwise ordered by the court, all payments as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan.
- Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in the plan.
- 10. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan.

 Notwithstanding such vesting, the debtor(s) may not transfer, sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 11. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, whether unsecured or secured, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.

12. Nonstandard Plan Provisions

☐ None. If "None" is checked, the rest of Part 12 need not be completed or reproduced.

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

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The following plan provisions will be effective only if there is a check in the box "Included" in § 1.C.

The debtor's son will turn 18 in July 2019. He will no longer receive social security in the amount of \$168 beginning in month August 2019 which is the reason for the decrease in plan payments in month 4 of the plan.

The debtor (wife) will receive child support through June 2020 because her son will still be in highschool. July 2020 will be the first month she will no longer receive the child support which is the reason for the decrease in plan payments in the amount of \$500 in month 15 of the plan.

Additionally in month 15 of the plan the debtors will no longer have education costs of \$62 per month which is the reason for the increase in plan payments in month 15 in that amount.

The debtors anticipate that their son will no longer be living with them beginning month 18 of the plan which is the reason for the step increase in the amount of \$475 which is a reduction in their food, clothing, entertainment and contingencies.

The debtor's income listed in line 8h was calculated by averaging the income received in 2018.

The debtor's student loans are currently in deferment. If the student loans become due during the plan the debtors will amend their plan.

Dated:	April 12, 2019	
/s/ Jame	es Charles Taylor	/s/ Genene E. Gardner
	Charles Taylor	Genene E. Gardner 72258
Debtor	1	Debtors' Attorney
/s/ Mary	/ Kelly Taylor	
Mary Ke Debtor 2	elly Taylor 2	
		or Debtor(s) themselves, if not represented by an attorney, also ions in this Chapter 13 plan are identical to those contained in the Local neluded in Part 12.
Exhibits	: Copy of Debtor(s)' Budget (Sched	and J); Matrix of Parties Served with Plan
		tificate of Service
I certify List.	that on April 12, 2019 , I mailed a copy of	oregoing to the creditors and parties in interest on the attached Service
		/s/ Genene E. Gardner
		Genene E. Gardner 72258
		Signature
		3419 Virginia Beach Blvd. #236 Virginia Beach, VA 23452
		Address
		Telephone No.
	CERTIFICATE	RVICE PURSUANT TO RULE 7004

I hereby certify that on April 12, 2019 true copies of the forgoing Chapter 13 Plan and Related Motions were served upon the

following creditor(s):
Bridgecrest Credit*

BANK OF AMERICA CENTER

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1111 EAST MAIN STREET, 16TH FL Richmond, VA 23219

Ford Motor Credit P.O. Box 542000 Omaha, NE 68154

Ford Motor Credit *
CT CORPORATION SYSTEM
4701 COX RD STE 301
Glen Allen, VA 23060

Grand Furniture Attn: Bankruptcy PO Box 5970 Virginia Beach, VA 23471

Virginia Beach Gen. Dist. Ct 2425 Nimmo Pkwy Virginia Beach, VA 23456

■ by first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P.; or

☐ by certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

/s/ Genene E. Gardner Genene E. Gardner 72258

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Fill in this information to ide	entify your ca	se:		
Debtor 1 Ja	mes Charl	es Taylor		
Debtor 2 (Spouse, if filing)	ary Kelly T	aylor		
United States Bankruptcy C	Court for the:	EASTERN DISTRICT	OF VIRGINIA	
Case number 19-712	92			Check if this is:
(If known)			-	☐ An amended filing
				A supplement showing postpetition chapter 13 income as of the following date:
Official Form 10	<u> </u>			MM / DD/ YYYY
Schedule I: Yo	ur Inco	ome		12/15
spouse. If you are separate attach a separate sheet to	ed and you this form. (spouse is not filing w	ith you, do not include informat	ving with you, include information about your ion about your spouse. If more space is needed, d case number (if known). Answer every question
spouse. If you are separate	ed and your this form. (spouse is not filing w	ith you, do not include informat	ion about your spouse. If more space is needed,
spouse. If you are separate attach a separate sheet to Part 1: Describe Em 1. Fill in your employments.	ed and your this form. C nployment ent	spouse is not filing with the top of any additi	ith you, do not include informat onal pages, write your name an	ion about your spouse. If more space is needed, d case number (if known). Answer every question
spouse. If you are separate attach a separate sheet to Part 1: Describe Em 1. Fill in your employment information.	ed and your this form. On ployment ent one job, e with	spouse is not filing w	ith you, do not include informat onal pages, write your name an Debtor 1	ion about your spouse. If more space is needed, d case number (if known). Answer every question Debtor 2 or non-filing spouse
spouse. If you are separate attach a separate sheet to Part 1: Describe Em 1. Fill in your employment information. If you have more than attach a separate page.	ed and your this form. On ployment ent one job, e with	spouse is not filing with the top of any additi	ith you, do not include informational pages, write your name an Debtor 1 Employed	ion about your spouse. If more space is needed, d case number (if known). Answer every question Debtor 2 or non-filing spouse Employed
part 1: Describe Em 1. Fill in your employment information. If you have more than attach a separate paginformation about additional attach a separate separate paginformation about additional attach a separate sheet to attach a separate sheet attach a separate sheet sheet attach a separate sheet attach a	ed and your this form. Conployment ent one job, e with itional	espouse is not filing with the top of any addition the top of any addition is seen that the top of any addition is seen to be a seen to	Debtor 1 Employed Not employed	Debtor 2 or non-filing spouse Employed Not employed
spouse. If you are separate attach a separate sheet to Part 1: Describe Em 1. Fill in your employminformation. If you have more than attach a separate paginformation about addiemployers. Include part-time, seas	ed and your this form. On ployment ent one job, e with litional sonal, or de student	Espouse is not filing with the top of any addition the top of any addition	Debtor 1 Employed Not employed Police Officer	Debtor 2 or non-filing spouse Employed Not employed
spouse. If you are separate attach a separate sheet to Part 1: Describe Em 1. Fill in your employment information. If you have more than attach a separate pagin formation about additionation employers. Include part-time, seas self-employed work. Occupation may include	ed and your this form. On ployment ent one job, e with litional sonal, or de student	Employer's name	Debtor 1 Employed Not employed Police Officer City of Virginia Beach 2401 Courthouse Drive Virginia Beach, VA 23456	Debtor 2 or non-filing spouse Employed Not employed
spouse. If you are separate attach a separate sheet to Part 1: Describe Em 1. Fill in your employment information. If you have more than attach a separate pagin formation about additionation employers. Include part-time, seas self-employed work. Occupation may include	ed and your this form. On ployment ent one job, e with itional sonal, or de student plies.	Employment status Occupation Employer's name Employer's address How long employed t	Debtor 1 Employed Not employed Police Officer City of Virginia Beach 2401 Courthouse Drive Virginia Beach, VA 23456	Debtor 2 or non-filing spouse Employed Not employed

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

		For Debtor 1		btor 2 or ing spouse
2.	\$	5,601.00	\$	0.00
3.	+\$	0.00	+\$	0.00
4.	\$	5,601.00	\$	0.00

Official Form 106I Schedule I: Your Income page 1

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Debtor Debtor			Case r	number (<i>if known</i>)	19-71292		
			For	Debtor 1	For Debto		
C	opy line 4 here	4.	\$	5,601.00	\$	0.00	
5. L	ist all payroll deductions:						
5	a. Tax, Medicare, and Social Security deductions	5a.	\$	1,220.00	\$	0.00	
5	Mandatory contributions for retirement plans	5b.	\$	303.00	\$	0.00	
5	c. Voluntary contributions for retirement plans	5c.	\$	108.00	\$	0.00	
5	d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
5	e. Insurance	5e.	\$	558.00	\$	0.00	
5	f. Domestic support obligations	5f.	\$	0.00	\$	0.00	
5	g. Union dues	5g.	\$	0.00	\$	0.00	
5	h. Other deductions. Specify: Legal Resources	5h.+	\$	18.00	+ \$	0.00	
6. A	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,207.00	\$	0.00	
7. C	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,394.00	\$	0.00	
	ist all other income regularly received: a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
8	b. Interest and dividends	8b.	\$	0.00	\$	0.00	
	c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	500.00	
8	d. Unemployment compensation	8d.	\$	0.00	\$	0.00	
8	e. Social Security	8e.	\$	0.00	\$	738.00	
8	f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SSI for son	8f.	\$	0.00	<u> </u>	168.00	
8	g. Pension or retirement income	8g.	\$	0.00	\$	534.00	
	Net average from VB Schools		_				
8	h. Other monthly income. Specify: (Security)	8h.+	\$	127.00	+ \$	0.00	
	Income Income from Officiating		\$	199.00	\$	0.00	
	Net average income Wave Church Security		\$	116.00	\$	0.00	
	Net average from Live Nation Security	_	\$	112.00	\$	0.00	
	Net average from Ocean Breeze Security	_	\$	44.00	\$	0.00	
9. A	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	598.00	\$	1,940.00	
	alculate monthly income. Add line 7 + line 9. 1 dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$	3	3,992.00 + \$_	1,940.00	= \$	5,932.00
Ir o D	tate all other regular contributions to the expenses that you list in Schedule and clude contributions from an unmarried partner, members of your household, your other friends or relatives. o not include any amounts already included in lines 2-10 or amounts that are not a pecify:	depend	•		•		0.00
٧	dd the amount in the last column of line 10 to the amount in line 11. The resultite that amount on the Summary of Schedules and Statistical Summary of Certain applies					Combin	5,932.00 led / income

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Debte Debte		James Charles Mary Kelly Tay	40 74000
13.	Do :	you expect an inc	ease or decrease within the year after you file this form?
		Yes. Explain:	The debtors do not anticipate receiving a federal or state income tax refund over \$1,000 during thei plan.
			The debtor's income listed in line 8h was calculated by averaging the income received in 2018. That income is sporadic and is received different times throughout the year.
			The wife-debtor will no longer receive SSI for her son beginning in August 2019 and will no longer receive child support beginning in July 2020.

Official Form 106I Schedule I: Your Income page 3

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Fill	in this informa	ition to identify yo	ur case:						
Deb	or 1 James Charles Taylor						neck it	f this is:	
								amended filing	
	otor 2	Mary Kelly T	aylor						ving postpetition chapter the following date:
(Spo	ouse, if filing)						13	expenses as or	the following date.
Unit	ed States Bankı	ruptcy Court for the:	EASTE	RN DISTRICT OF VIRGIN	IA		MN	M / DD / YYYY	
		9-71292							
(lf kı	nown)								
Of	fficial Fo	rm 106J							
S	chedule	J: Your I	 Exner	2421					12/1:
Be info nur	as complete ormation. If m mber (if know	and accurate as lore space is ne n). Answer ever	possible. eded, atta y question	If two married people ar	e filing together, bo form. On the top of	oth are ed any addi	qually	/ responsible fo Il pages, write y	or supplying correct your name and case
Par 1.	ls this a joir	ribe Your House	noid						
	□ No. Go to								
		s Debtor 2 live i	in a senara	ate household?					
	■ N								
			st file Officia	al Form 106J-2, <i>Expense</i> s	for Separate House	hold of De	ebtor	2.	
2.	Do you hav	e dependents?	□ No						
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?
	D	41							□ No
	Do not state dependents				Son			17	■ Yes
	'								□ No
									☐ Yes
									□ No
									Yes
									□ No
3.	Do your exi	oenses include	_						☐ Yes
٥.		f people other ti	han	No					
	yourself an	d your depende	nts? ⊔	Yes					
Par	t 2: Estim	ate Your Ongoi	na Monthi	v Expenses					
Est exp	imate your ex	penses as of yo	our bankru	uptcy filing date unless y y is filed. If this is a supp	ou are using this followed are using the solution of the solut	orm as a J, check	supp the b	lement in a Cha	pter 13 case to report f the form and fill in the
				government assistance i					
	ficial Form 10						_	Your exp	enses
4.		or home owners		ses for your residence. I	nclude first mortgage	e 4.	\$_		1,600.00
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		0.00
		rty, homeowner's	s, or renter'	's insurance		4b.			20.00
				pkeep expenses		4c.	_		20.00
_		owner's associat				4d.			0.00
5.	Additional i	πortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$		0.00

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	James Charles Taylor Mary Kelly Taylor	Case num	ber (if known)	19-71292
. Utilitie:	s:			
	Electricity, heat, natural gas	6a.	\$	300.00
6b. V	Nater, sewer, garbage collection	6b.	\$	225.00
6c. T	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	355.00
6d. C	Other. Specify:	6d.	\$	0.00
. Food a	ind housekeeping supplies	7.	\$	1,049.00
Childe	are and children's education costs	8.	\$	62.00
Clothir	ng, laundry, and dry cleaning	9.	\$	79.00
). Person	nal care products and services	10.	\$	50.00
I. Medica	al and dental expenses	11.	\$	75.00
	portation. Include gas, maintenance, bus or train fare.			
	include car payments.	12.	\$	241.00
8. Enterta	ainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
. Charita	able contributions and religious donations	14.	\$	43.00
. Insura				
	include insurance deducted from your pay or included in lines 4 or 20.		_	
	Life insurance	15a.	·	0.00
15b. F	Health insurance	15b.	·	0.00
15c. ∖	/ehicle insurance	15c.	\$	145.00
15d. C	Other insurance. Specify:	15d.	\$	0.00
. Taxes.	Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify		16.	\$	0.00
	ment or lease payments:			
	Car payments for Vehicle 1	17a.	· <u> </u>	0.00
17b. (Car payments for Vehicle 2	17b.	\$	0.00
17c. (Other. Specify:	17c.	\$	0.00
17d. C	Other. Specify:	17d.	\$	0.00
	ayments of alimony, maintenance, and support that you did not report as		•	2.22
	ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
-	payments you make to support others who do not live with you.		\$	0.00
Specify		19.	_	
	real property expenses not included in lines 4 or 5 of this form or on School			0.00
	Mortgages on other property	20a.	· ·	0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20e.	·	0.00
. Other:	· · · <u>- · · · · · · · · · · · · · · · ·</u>	21.	· · · · · · · · · · · · · · · · · · ·	296.00
Pet fo	od, care, supplies		+\$	115.00
Calcul	ate your monthly expenses			
	dd lines 4 through 21.		\$	4,775.00
	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	4,113.00
			·	4 775 00
22c. Ac	dd line 22a and 22b. The result is your monthly expenses.		\$	4,775.00
. Calcula	ate your monthly net income.		L	
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,932.00
	Copy your monthly expenses from line 22c above.	23b.		4,775.00
	1,,,			
23c. S	Subtract your monthly expenses from your monthly income.			==
	The result is your monthly net income.	23c.	1 \$	1,157.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

☐ Yes.

Explain here: Line 8 reflects expenses for band and school supplies. Line 7 includes school lunches which is \$40 per week.

Acceptan Gasew19-71292-FJS Doc 13AttoFiled 04/15/19 fficEntered 04/15/19 14/36/20 orts Pesch Main 5501 Headquarters Drive Plano, TX 75024

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CMG-PDC Pediatrics 6161 Kempsville Circle Suite 101 Norfolk, VA 23502

Allergy & Asthma Specialist 1704 Sir William Osler Drive Virginia Beach, VA 23454

Bank of America P.O. Box 15109 Wilmington, DE 19886 Commercial Check Control, Inc. 7250 Beverly Boulevard Suite 200 Los Angeles, CA 90036

Alteon Health PO Box 8485 Pompano Beach, FL 33065

Bayview Medical Center P.O. Box 7068 Portsmouth, VA 23707

Cox Communications PO BOX 9001087 Louisville, KY 40290-1087

Arlington Emergency Medicine c/o Merchant's Credit Guide 223 W Jackson Blvd, Ste 410 Chicago, IL 60606

Brian P Midgette, DDS 3326 Taylor Road, Suite 100 Chesapeake, VA 23321

Credit Control Corp Po Box 120570 Newport News, VA 23612

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Credit One Bank P.O. Box 98872 Las Vegas, NV 89193

Asthma & Allergy Clinic P.O. Box 791184 Baltimore, MD 21279

Cashnet USA 200 West Jackson Ste 1400 Chicago, IL 60606

Credit Systems Int Inc 1277 Country Club Lane Fort Worth, TX 76112

Atlantic Saury Inpat Services c/o Phoenix Financial Services 8902 Otis Avenue, Suite 103A Indianapolis, IN 46216

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CRMG/UC-Pediatric Diagnostic C 2401 Godwin Blvd□□Ste 3 Suffolk, VA 23434

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Lovell Farasolaris (1,292-FJS Doc 13Natrillad Relation) Parasolaris (1,292-FJS Doc 13N PROGRAMMENT Page 15 of 16

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MCV Physicians P.O. Box 91747 Richmond, VA 23291

PAM P.O. Box 22147 Alexandria, VA 22304 Sentara Healthcare P.O. Box 1875 Norfolk, VA 23501

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Tiffany & GREAN, 19-71292-FJS Doc 13 Filed 04/15/19 Entered 04/15/19 14:36:20 Desc Main 770 Independence Circle Ste200 Document Page 16 of 16 Virginia Beach, VA 23455

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